

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Marco Rubio for President**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KATIA FIEVE**

Mailing Address 930 PARK AVENUE APT. 2S

City	State	Zip Code
NEW YORK	NY	10028-0209

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1300.00**

**Transaction ID : SA17.807585**

Date of Receipt

**08 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

**B. Full Name (Last, First, Middle Initial)**

**MS. JEANIE FIGG**

Mailing Address 3625 49TH ST NW

City	State	Zip Code
WASHINGTON	DC	20016-3214

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.820519**

Date of Receipt

**09 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

**C. Full Name (Last, First, Middle Initial)**

**MR. FRANK J. FIGONE**

Mailing Address 2004 CHETWOOD DR.

City	State	Zip Code
PETALUMA	CA	94952-5205

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MARIN MUN WATER DISTRICT**

Occupation  
**EMERGENCY RESPONSE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

**Transaction ID : SA17.833453**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

**Subtotal Of Receipts This Page (optional)**.....

**1750.00**

**Total This Period (last page this line number only)**.....